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A Journal of the
Philosophy and Ethics of Medical Practice

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Thomas Linacre
(1460-1524)

Physician to the Court of England
Founder of the Royal College of Physicians
Priest of the Roman Catholic Church

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MAN, THE OBJECT OF MEDICINE

His Excellency, The Most Reverend Gerald P. O'Hara, D.D.,

Bishop of Savannah-Atlanta.

"But that you may know that the Son of Man hath power on earth to forgive sins, (He saith to the sick of the palsy), I say to thee: arise take up thy bed and go into thy house."

—Mark, 2:10-11.

THE words that you have just heard remind us of a very dramatic and touching incident that took place during the close of our Savior's life.* It happened in Capharnaum where our Lord was delivering a discourse in a house that probably belonged to Simon Peter. The Gospels tell us that a huge crowd came to Capharnaum upon hearing that our Lord was there. They filled the house. They surrounded it. They thronged the very streets leading to where our Lord was speaking. In the midst of his talk, four men were seen approaching the house carrying a sick man—a paralytic. Because of the crowd their efforts to enter the house were futile so they resorted to an extraordinary means of bringing the sick man into the presence of our Lord. Somehow they managed to climb to the roof of the house. They removed the tiles and let the paralytic down by means of a sheet to the very side of Christ. We can well imagine what must have been the emotion of all present at this sight. We know from what happened how the suppliant's faith deeply touched our Lord. Unbelief alone displeased him but faith never left him unmoved. And that manifested on this occasion was so intense that we might almost call it heroic. There was the undaunted faith of the men carrying the sick man. There was also the faith of the man himself who consented to the procedure. Neither they nor the paralytic wanted to lose an opportunity which might never return. Three of the Evangelists make special mention of this faith. "Our Lord", says St. Mark, "seeing their faith, said to the sick man, be of good heart, son, thy sins are forgiven".

* Sermon, Commencement Exercises. February 28, 1946, St. Louis University School of Medicine, St. Louis, Mo.

It is rather remarkable that our Lord appeared to ignore, at least for the moment, the principal purpose for which the man was let down before him. Before curing him of his paralysis, He first forgave him his sins. Here we are face to face with a power that could heal both soul and body.

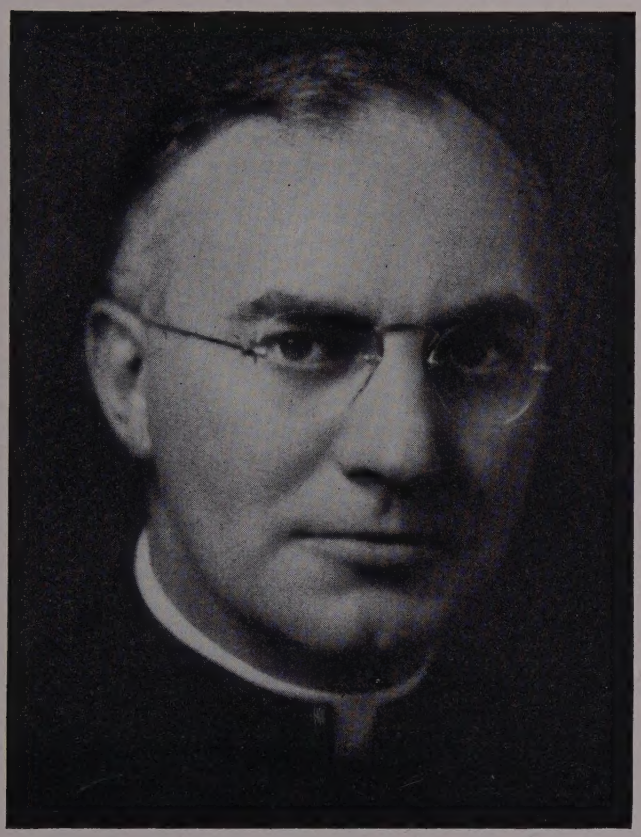
Witnesses to this incident undoubtedly sent by the High Priest, were not lacking. They had come from surrounding cities, as the Gospels tell us, even from Jerusalem. They professed to be shocked when our Lord said "thy sins are forgiven thee". "Why doth this man speak thus. He blasphemeth. Who can forgive sins but God alone?" Our Lord reading their thoughts and hearing their words said "which is easier to say to the sick of the palsy: thy sins are forgiven thee: or to say: arise, take up thy bed and walk". There must have been a dramatic pause at this point. Continuing, our Lord said: "but that you may know that the Son of Man hath power on earth to forgive sins (he saith to the sick of the palsy) I say to thee: arise, take up thy bed and go into thy house. And immediately he arose and taking up his bed went his way in the sight of all so that all wondered and glorified God saying: we never saw the like".

As I said above, in this incident we find a certain identification of a two-fold healing power, the spiritual in forgiving sins and the physical in healing the man stricken and bed-ridden for years. To understand that there is such an identification to some degree and that the power of both the spiritual and physical healing are in a sense mutually interdependent and that while Christ, the Son of God, exercised both powers in virtue of His divinity, but left it to men to divide the labor into the work of the priest and the physician, it should be necessary for us to have an insight into the object of our ministry, that is to say, man himself.

Man—Body and Soul

Man is a dualistic unit; he is one being, but that one being is a composite of two utterly different principles. Every living being has its nature from the principle of life within it. We speak of man as a being composed of body and soul. With great profit to ourselves we might delve beneath these trite words to a fuller comprehension of what they mean. Man has a body which he shares with the animals. Biologically that body differs variously from other bodies as in the animal kingdom but it conforms to every physical process of the animals and is subject to every physical and biological law that governs the rest of sentient matter.

This specific difference is derived from his soul. Some modern thinkers like to get away from the word soul because they say it has too much of a theological connotation. They may get away from the word but they cannot get away from the fact, and the fact is that regardless of what



His Excellency
The Most Reverend Gerald P. O'Hara, D.D.
Bishop of Savannah-Atlanta

we call it, there is in man a principle of life specifically higher than that of the brute creation and that principle is a spirit. We know that it is a spirit because of its immaterial manifestations, its power of abstract thought, its power of reasoning, and the spiritual power of reflecting upon itself and thus becoming aware of its own abiding spiritual personality. St. Paul, quoting the Psalmist says: "Thou hast made him a little lower than the angels." (Heb. II, 7). He is a little lower because he is a spirit fashioned to be substantially united to a physical organism.

Priest and Physician

This correct understanding of human nature bears within it certain aspects of profound import to both priest and physician. The ancient Romans spoke of a sound mind in a healthy body. The philosophers of the Schools, or mediaeval scholasticism elaborated this same thought and reduced it to philosophical principles still valid today as regards to the intimate dependence of either the physical upon the spiritual or the spiritual upon the physical in man. It remained, however, for modern science to give detailed scientific support to these principles. I might cite to you the present advanced knowledge of endocrinology; the delicate balance of chemical and physical secretions that must be maintained to prevent both physical and spiritual havoc in the individual. The important philosophic aspect of our modern knowledge refers to this fact that it is precisely through this body that the spirit or soul of man functions. If we can understand this truth we shall be able to understand something more of the nobility of the practice of medicine. To sum it up we might say that the body is the instrument of the soul, that without a healthy body the soul cannot function, and if the body is pathological, the soul is impeded in its functioning.

In view of this it becomes increasingly clear to us why Christ was also a healer of the ills of men. When the disciples of St. John the Baptist came to Christ to ask if He were the Messiah, it is significant that in His answer He did not first say to them that the poor have the gospel preached to them, but that they were to go back and relate that; "The blind see, the lame walk, the lepers are cleansed, the deaf hear, the dead rise again," and only then did He make mention of the preaching of the gospel. (Matt. XI, 5). After preaching in the synagogue He went to the house of Peter and cured Peter's mother-in-law of what the gospel calls a "great fever". The multitude brought all their sick to Him, and so we read in St. Luke's account, that "when the sun went down, all they that had any sick with divers diseases, brought them to Him. But He laying His hands on every one of them, healed them." (Luke, IV, 40).

It is not necessary for me to detail the history of the vast number of cures wrought by Christ for who among us is not familiar with the

stories of the curing of the withered hand of the man sick with the palsy, of the many lepers, of the woman suffering for twelve years with an issue of blood who was healed by touching the hem of His garment, of the Centurion's son who was cured of a fever even though he was far distant from Christ, of the blind who received their sight, and of the deaf, their hearing. Aye, even the dead were restored to life. That part of the gospel dealing with the public life of Christ is interspersed throughout with the recitation of His compassion upon the physical sufferings of men and the exercise of His divine power to alleviate sorrow and pain.

We would fail entirely to grasp the significance of these miracles if we should lose sight of their ethical import. Christ the Son of God could never have debased His divine power by working a miracle for the vain glorious purpose of astounding the crowd by a display of supernatural power. His miracles were wrought for the sober purpose of confirming the doctrines He preached. They were wrought to establish in the minds of His hearers an undeniable evidence of His credibility. However, in the case of those miracles that had to do with healing there was certainly present a second motive. Would it be possible for us to believe that anyone who was the recipient of Christ's healing ministrations would not be from thence forth on His ardent disciple? There is only one instance in the Scriptures, that of the healing of the ten lepers at once, in which it is noted that nine failed to return to give thanks to God. This is the one conspicuous exception. Christ healed their bodies, and with that healing their souls became the tabernacles of His grace.

Medicine as a Profession

If we were to look upon the medical profession from a purely secular view-point, there would be every reason to venerate that profession because of its natural dignity. It is a profession. A man may have a job, or in a higher sphere of activity, a position. In either case the benefit of what he does, accrues to himself personally. A profession is set apart and distinguished from other walks in life by the fact that it is essentially altruistic; it functions through acts done in the service, not of the individual who does them but in the interest of humanity in general. There is self-sacrifice and unselfishness in the very notion of a profession. The reaction of the public mind to the recognition of this fact is an evidence in its behalf. We may admire a skilled worker, we may be awed by a great executive, but we honor even the least of those who serve in a profession.

The Physician—Another Christ

Now if the world accords to a profession such a dignity, how much more must the dignity of the healing profession be enhanced in the light of what I have said about Christ, the Divine Healer? It should be clear

in your minds that as physicians, inspired with the high ideals of Christianity, you are not going forth among men merely to diagnose their ills and to dispense medicaments on the materialistic level of biological and physical laws, but you are going forth among men to continue among them the merciful healing ministrations of Christ. In your own limited and human way, and to the best of the talent that lies within you, your life is to be modelled after that of the divine pattern given us by Christ whose mission you will be carrying to the rich and the poor, to the stranger and the friend, to those in high places and to those in lowly station. Suffering knows no boundary of race or creed or color or position in life; suffering is common to humanity, that humanity to which you are going forth, in Christ-like fashion, to help to heal.

In my opening words, I spoke of the identification in Christ of the physical and spiritual healing power. I mentioned that in leaving these powers to men He effected a division of labor. May I call your further attention, however, to the fact that in dividing these labors He did not separate them. As a consequence the work of the physician and of the priest are but two phases of the same thing; in their functioning they overlap, and they share a common ideal in Christ. Any physician of experience will be able to tell you that ever so often after the administrations of the priest have set the soul in order and at peace with God, health has returned to a patient far more quickly than medicine could bring it. Similarly what priest does not know how suffering and sickness can be turned to spiritual ends, and that ever so often, the physician's work of healing a broken body contributes to a renewal of fervor and grace in a grateful patient.

As the priest is to the soul, so is the physician to the instrument of the soul, the body. When, therefore, a physicain relieves suffering or restores health to a body, is he not actually participating in the very priesthood of Christ by providing the physical basis for grace to function the better? There is the sacramental priesthood of the ordained priest, but besides this there is the other priesthood of Christlike professional ministrations. The idea of a priest is that he is one who offers sacrifice. When the physician devotes himself conscientiously to his work and to the ideals of his profession, he must of necessity be a man who offers sacrifice, the sacrifice of himself for an ideal. A sacrifice is offered for one's self and for others. Does not the physician offer himself for the good of many and in doing so does he not bring to them a renewed hope, a renewed life, a renewed opportunity for spiritual advancement? In his kindly and devoted ministrations does he not inspire those with whom he comes into contact with a renewed faith in both man and God? Surely then, while he is not sacramentally a priest through ordination, in the wider sense through his ministration, he does participate in the priesthood of Christ.

The Dangers to a Noble Profession

At this point may I utter just a word of warning. In view of the very nobility of your profession, its degradation becomes all the more abominable. We know that unfortunately there are materialistically minded physicians, too preoccupied with the material laws of nature to know that there are spiritual laws superior to all matter. They believe that because science can do a thing, it is right to do it. Such men recognize no moral law as being above biological or physical law. There also arise perplexing problems to which medical science claims to have a solution. Such a solution may be sanctioned even by laws of the State. Yet that very solution may constitute a degradation of medicine's service to man. There is another law above the law of either science or the State and that law is the immutable law of God that cannot be transgressed with impunity. "What doth it profit a man if he gain the whole world and suffer the loss of his own soul?" (Matt. XVI, 26) are words of solemn warning uttered by Christ Himself. We might paraphrase these words by asking: What doth it profit a physician who can bring glory to himself by brilliant scientific achievement, if he does so at the price of staining his hands with human blood and burdening his soul with relentless remorse? There are some who cannot see the Catholic position on certain medico-moral problems. Yet that position is founded upon sound logical reason. It is our firm conviction that such men do not want to see the Catholic position but are carried away by the shibboleth that because medicine can do it, therefore it is right. It is our fervent and most sincere prayer that no physician here, going forth to participate in the healing mission of Christ, may ever lower or sully that great ideal by violating the moral laws of this same Christ. On the contrary, by your adherence to moral principles you shall widen the scope of your mission and bring the truth to those who are burdened by the yoke of ignorance and evil.

My Farewell

Your whole training in this institution has been to the end that you be not mere practitioners of medicine, but that you be physicians in the sense which I defined as your noble profession. You have studied in this Jesuit University. Let the Jesuits be your guides. It was they who explored this land and the great river adjacent to this city in order that the light of the gospel might shine in the darkness of what was then a pagan wilderness. Not content to confine themselves to only one phase of activity, as missioners, they have also pioneered in the advancement of knowledge. Surely in the course of the years that you have spent in this renowned center of learning and scholarship you may have many times been reminded of the ideals of zeal and of moral courage and deterioration, which I have now briefly recalled to your attention.

With this background you are going forth into the world. In the fore-knowledge of God alone is hidden the great future of each one of you. You will be amazed yourselves to find the confidences that people will put in you; the trust they will have in you; the secrets they will confide in you because they know that in a worthy physician these things are inviolable. As the years go on there will be many who will look to you as the one who gave them life again and strength and courage and hope and perhaps even faith itself. How many a sorrowing, suffering, broken body, physically wrecked and all but despairing will be restored and made anew by you still remains a secret of the unrevealed future that lies ahead; but we may be sure that the sum of such ministrations, could we but calculate them now, would leave us dazed in wonderment, and struck with a sense of fear for the great responsibility that shall be yours.

Go forth then, my good men, armed with the courage of your Christian faith, with the highest ideals permeating your upright minds, with a devotion to the great healing mission of Christ burning in your hearts. May the benediction of the Most High God be on that hand of yours that you will lay on fevered brow or pain wracked body. Yours is a noble profession, to cleanse and to heal, to comfort and assuage. But it is greatest of all, if you follow in the footsteps of Him Who said: "Be thou clean," "Receive thy sight," "Be thou made whole," "Take up thy bed and walk". Amen.

THE ENLARGING FIELD OF THE PUBLIC HEALTH OFFICER

ALPHONSE M. SCHWITALLA, S.J.

I.

THE health officer of a community has the obligation of emphasizing in the course of his professional activities, the importance of promiscuity in the causation and spread of venereal disease, according to the opinion of no fewer than thirty-two of forty-three representatives of national agencies concerned in one way or another with the venereal disease problem. The representatives of four of the agencies preferred not to make a statement; four, expressed the opinion that this was no concern of the health officer, and three seemed to take a doubtful position.

The question whether the physician who acts as health officer is transgressing the limits of his professional activity by influencing patients or others with whom he comes into contact in a professional way towards ethical and moral living, has, of course, been discussed and debated on countless occasions. Obviously, an answer to the question involves a definition of medical practice. If medical practice is interpreted to mean therapeutics or disease prevention through the physical forms of treatment, clearly the issue might well be raised whether the physician has any obligation to warn his patient about the moral implications of his actions in the treatment of such diseases as the venereal diseases. In all seriousness also, has the question been raised whether a physician may urge an alcholic to amend his ways on the basis of moral or religious motivation rather than merely on the basis of medical considerations. In these days of psychosomatic medicine, however, when we are beginning to re-emphasize the total personality of the patient and when we stress again the fact that the patient rather than the disease is the object of the physician's attention, it should be easy to introduce moral considertions as well as moral and religious motivations into medical practice. In fact, a far reaching and comprehensive view of the entire field of medicine, as we understand it today, makes it almost mandatory to introduce into medical practice and into the personal relationship between patient and physician, a richer content of moral and religious considerations.

II.

The question of the inclusion of warnings against promiscuity in a public health program designed to control venereal disease, came

emphatically to the front during the war period, particularly in late 1943 and early 1944. It became generally recognized at the time that the menace of a sharp increase in venereal disease, as a threat to both our Armed Forces and to the nation's war workers, might possibly be imminent and might assume serious proportions. It was recognized that information to the public about venereal disease, the encouragement of early diagnosis and treatment, the control of infected individuals and information about "safety" procedures would of themselves be entirely inadequate to eradicate or even to control venereal disease, even if the more specialized problem of the control of recognized prostitution could be solved. Those who were in touch with the situation at that time, will recall that important moves were made by responsible agencies, both governmental and private, to use certain forms of advertising in the achievement of otherwise laudable objectives. The question arose, however, against what should advertising in this area be directed—against the disease? Against the consequences of the disease? If this were done, the moral, social and deeply human problems so frequently involved in venereal disease incidence would be completely ignored and the problem would be regarded entirely as a medical one. Clearly, this would be only a partial approach to the question even though in some health departments and in other medical agencies, it was the long accepted traditional approach.

Official agencies faced this question with no little caution realizing as they did, that a misstep might be extremely costly and might be provocative of extensive and acute controversy. The question was proposed to the Advisory Committee on Public Education for the Prevention of Venereal Diseases of the United States Public Health Service. This Committee, again realizing the import of the question, decided to seek an answer not analytically but through the technique of a group conference and accordingly, invited a number of public agencies and associations to a discussion of a number of questions all centering in the broad question of responsibility for veneral disease control. Forty-three agencies responded and a two-day session reviewed the many questions which had been propounded. Answers were sought and formulated not altogether by the procedure of majority votes but rather by the procedure of detailed individual responses to the various questions.

The question which occupied the greatest amount of time and attention of the conferees was whether it is really within the province of official health agencies in their venereal disease control program to emphasize any but the medical aspects of the question, that is, the etiology of the diseases, their serology, epidemiology, and therapeutics, the control of their sequelae, and their prophylaxis. More specifically, the question was formulated by several of the conferees, extremely pointedly, in some such form as this: In the anti-venereal disease program, especially when educational processes are used, does the health officer

have a right or obligation to warn against promiscuity? A surprising diversity of opinion, first of all, as to the understanding of the question and secondly, as to the application of principles to the matter in hand, was developed.

There emerged from the discussion, the expression of a multitude of viewpoints as to the relations between medicine and public education, between medicine and public health activity, between official health activity and the moral and religious agencies of a community, between the schools and the health agencies of a community, and a large number of other considerations, all pointing to the need of better understanding and better definition of ever so many of the elements of our communal organization which in our selfsatisfied way, we are but too apt to take for granted and concerning which we very complacently assume a measure of unanimity and agreement. Probably we have permitted patterns of group and personal conduct to develop without attempting to make ourselves aware of the implications. It was clear too from the discussions, which were attended by at least a sufficient number of persons (fifteen physicians) who understoood the medical viewpoint and responsibility, that considerable confusion existed in the lay mind concerning the place of the physician not only in the health care of the community but in the health care of an individual. When the opinions were evaluated, however, it was found that no fewer than thirty-two of them favored the inclusion of caution to the patient against promiscuity among the responsibilities both of the health officer in public health work and of the physician in his private practice. Needless to say, instruction of the patient concerning the dangers of promiscuity will be given by the physician with the requisite tact and competence.

III.

When the conclusion of this conference with reference to the point here being discussed became a matter of public information, it soon resulted in good effects. In a meeting of the National Venereal Disease Committee of the Community War Services, Social Protection Division, Federal Security Agency, scarcely a year and a half after the meeting just reviewed, the definition of social protection activitiy was discussed. The limitation of the activity in these terms

> "The role of the Social Protection Division and its representatives has been to assist communities to organize so that each of the four phases of the program—health, education, law enforcement, and social treatment—may add strength, support and effectiveness to the others"

is prefaced by the statement that the Social Protection Division

> "is proud to be a member of the wartime team which has been combating prostitution, promiscuity and venereal disease during the past few years."

In further explanation of the definition, it is stated:

> "It was also recognized that the mental hygiene aspects of prostitution were of even greater importance than the venereal disease aspects; that preventing prostitution means both the repression and the correction of the conditions which led to promiscuity and prostitution, and, therefore, covers juvenile delinquency".

The minutes of the meeting to which reference is here being made then contain a number of very significant statements. It was indicated that even during the last days of the war, the Social Protection Division of the Federal Security Agency had materially changed its policy

> "Formerly the general program of the Division had been to attack prostitution and promiscuity because they spread venereal disease and threatened the health of the Armed Forces. The present approach . . . . . is to point out to communities that prostitution and promiscuity are evils *per se*, and that the federal government is concerned because such conditions affect the welfare of all citizens."

IV.

The findings derived from the questionnaire of the Advisory Committee on Public Education for the Prevention of Venereal Disease and from the testimony of the hearings held by the Committee, were correlated with the program of a meeting on education and community action of the National Conference on Postwar Venereal Disease Control held in St. Louis in November 1944. The Conference was attended by the best known leaders of this country and of some foreign countries. In the resulting formulation, it is clear that the health officer acting not merely in his administrative but even in his professional position as a physician, is expected henceforth to be responsible for much which in the past, at least in many localities, was scarcely regarded as being within his province. It is emphasized that our local health departments in supoprt of the physicians' efforts need the aid of other agencies, both official and voluntary in "conducting programs of education and community action." It was pointed out, however, that the segregated emphasis on venereal disease is undesirable and that programs for venereal disease education "should be conducted as part of an intensified general health education and community organization program". If this is to be done, obviously we must develop qualified health educational personnel both for ensuring a sound medical approach and for preventing abuses of the program. The personnel as well as the program must be retained within the responsibility of the health departments, and hence of the health officer.

In connection with the aid which the health departments are to receive from the churches, a special formulation has been attempted. It is said

that the churches can support the health departments by encouraging general knowledge concerning "the facts about the high incidence of venereal disease" and concerning the legal and medical programs for prevention and treatment. The churches can also lend support to programs for fostering broad social programs which influence the spread of venereal disease. Most of all, however, it is obviously the function of the church to emphasize the sanctity of marriage, the integrity of the family, and the obligation of moral living.

In this matter again, the whole vexed question of sex instruction and the part which the physician in his practice plays in regard to individual and family counseling came up for discussion. A physician can achieve indescribably great good if he is aware of his moral obligations as a teacher and a physician of souls as well as of the body. How few physicians, however, are ready to undertake and to carry through these great responsibilities.

In the matter of sex education, visual aids are apt to be distinctly over-emphasized for reasons sufficiently obvious to all. In the report of the Conference the recommendation is made

> "that the United States Public Health Service stimulate the production of films of high artistic, educational and moral merit suitable for showing not only to classified and selected audiences, more or less homogeneous, but for the public as well; the script and action to be graded in content, appeal, motivation and presentation, thus adapting them to sound educational principles to the audiences for which they are intended".

With reference to this recommendation, the author of this present review filed an individually signed minority opinion, as follows:

> "In my opinion, radio and motion picture scripts cannot be produced according to sound educational principles if they are intended for the general public. It is generally admitted by all the members of the Advisory Committee that to be effective, radio and motion picture scripts must be graded 'in content, appeal, motivation and presentation' for classified and selected audiences. What justification can there be for producing pictures or radio scripts 'for the general public,' that is, for children and adults, the educated and the less well educated alike? What sound educational principle is being followed in such production? The reason for emphasizing this point is that the degree of responsibility 'of those in charge of local control programs' is quite different when radio or motion picture appeals for the control of venereal disease are made before general than when they are made before selected audiences."

A further responsibility was placed upon the local health officers in the following words:

"the local health officer has an official and professional obligation to initiate general health education programs in his community, if none already exist. Where there are established programs, comprehensive in their objectives and medically, socially and morally justifiable as to content and method, the health officer must be obligated to support and cooperate with them. It should be emphasized that whether the health officer initiates new, or supports existing programs, he is equally responsible for the degree of excellence of all the phases of the program since the lessened excellence of any one phase of the program may decrease the otherwise superior results of the remainder of the program. These obligations of the local health officer for educating the public have an even greater force with respect to venereal disease than they have with reference to other threats to the public health, such as smallpox, typhoid and other communicable diseases."

In this same connection, it is recommended that venereal disease education should be brought to the attention and within the comprehension of industrial groups. Finally, the Committee took a position deserving of the most emphatic condemnation with reference to instruction in prophylactic practice. The Committee's report states:

"The majority of the Committees reiterates its belief that more emphasis must be given by official health agencies and private physicians to providing instruction in personal prophylaxis for persons who obviously need this information and who will not respond to advice on moral or educational methods of prevention."

On this point, the present author again filed his individual minority opinion:

"Instruction imparted with the intention of effecting personal prophylactic practice, if by these words is meant contraceptive procedure, can never, in my opinion, be justified, certainly not when it is given by an official health agency, and even if it is given to persons who will not respond to advice on moral or educational methods of prevention."

V.

If all of the foregoing indicates a trend, it is clear that the field of responsibility of the physician not only of the public health officer but also of the physician in private practice is conceived as enlarging and extending. Medical practice belongs to the areas of the most intimate human relationships and, therefore, anything which influences those relationships is conceivably potentially effective in influencing the lives of individuals for good or evil. The patient's confidence, on the one hand, and the physician's competence and responsibility, on the other hand, may interplay not only in the field of organic or psychological problems

but also in the fields of morals and religion. For us Catholics, all of this in principle is more or less familiar ground. We are accustomed to regard ourselves as responsible not only for our actions but also for the immediate and remote consequences of our actions. We are moreover, accustomed to take that responsibility extremely seriously because for us it has the sanction of an obligation that is radicated in the Commandments of God under penalties that are eternal. Again, it becomes obvious that the sanity of the Church in dealing with these fundamental human problems is vindicated by all that we have discussed above. Frankly, I believe it would have been seriously questioned not only by those who interpret medical practice in a very restricted manner but also by those who otherwise would be inclined to interpret that practice liberally, if two decades ago it had been said that the physician is responsible for the advice which he gives his patient concerning social association and companionship. Yet now, this insistence emanates from no fewer than seventy-five per cent of the agencies that have been asked to express themselves upon this point. Surely, a Catholic physician will not be afraid to live up to the obligations which this trend would seem to indicate.

COMPARATIVE SAFETY IN FIVE OR MORE REPEATED CESARIAN SECTIONS

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THE technique and mortality rate of Cesarean operations of 1910 compared with those of today, may be regarded as an excellent indication of the extent to which obstetrics has kept pace with the development in other surgical specialties during the past thirty-five years.*

In 1910, while I was a resident at the Manhattan Maternity and Dispensary, there were 1,409 deliveries with five Cesarean sections; two of the mothers died, giving a maternal death rate of 40%. In 1930, there were in the same hospital, 1,344 deliveries with twenty-nine Cesarean sections; three of the mothers died, giving a maternal death rate of 10%. In 1945, there were at St. Vincent's, 1,375 deliveries with seventy-six Cesarean sections, without a single maternal death.

Since the most frequent indication for a Cesarean section is a permanent anatomical indication, namely, a contracted pelvis or mechanical dystocia, it seems logical to expect that Cesarean sections would be repeated on the same mother. It is still an unwritten law for many in the obstetrical profession that sterilization of the mother after the third Cesarean section is not only justified but is mandatory. One of our great authorities says: "Probably most Americans will feel that when a woman has exposed herself to the dangers of death three times, she has done her duty to her state."

In the large maternity clinics throughout the country, sterilization of the mother after the third section is routine procedure. Many recommend sterilization after a second section. Little is said in medical literature concerning the fourth of fifth repeated section. The reasons given for not attempting repeated sections are the strong likelihood of a ruptured uterus, either spontaneous during the last month of pregnancy or at the time of operation, and the dangers of operative hemorrhage and shock.

In my experience as an obstetrician over a period of thirty-five years or more, I have naturally seen many post-Cesarean pregnancies in clinics, in my private practice and in consultation. I have also performed a large number of Cesarean sections. During this long period, I have encountered only one rupture of a scar following Cesarean section. The patient was

* Read at the Clinical-Pathological Conference on March 1, 1946, at St. Vincent's Hospital.

a diabetic waiting in the hospital for her third section and the rupture occurred spontaneously several hours before I operated. The mother recovered but the baby was stillborn.

Quoting again the authority I have just mentioned: "Rupture of a *low* Cesarean scar during pregnancy is exceedingly rare . . . I know of only three and there cannot be many more or I would have heard of them." Despite this, we hear so much of the danger of a ruptured uterus, if pregnancy occurs after the third section. Patients are given warnings which are difficult to defend on the basis of obstetrical experience. If a low segment operation is performed and perfect technique is used in suturing the uterine wall which heals by primary union, the likelihood of a scar rupturing spontaneously during a subsequent pregnancy is extremely small. Similarly, there is not much danger that a well sutured and clean abdominal incision may rupture in subsequent years if the woman happens to become pregnant and delivers at term. Finally, it is hard to see why the danger of hemorrhage or shock or infection should be greater at the fifth than at the first or second Cesarean section. If anything, a patient in preparation for her fifth Cesarean section would certainly receive from her physician the best possible attention and should, therefore, have an excellent prognosis. The patient is more likely to be given ample time for rest prior to the operation. The section should take place under the most favorable conditions.

In view of all of this, an analytic study of 1,000 consecutive Cesarean sections performed at the Chicago Lying-In Hospital on the service of Dr. Fred L. Adair is interesting. Of these 1,000 mothers, 465, or 46.5%, were sterilized, 406 by re-section of the tubes and 59 by Porro section. Of the 465 mothers who were sterilized, 186 were thus operated upon in connection with their first Cesarean section. 233 mothers had one previous section, 42 had two and four had three previous sections. The statement will be generally accepted, I believe, that throughout the country, mothers are sterilized after the third repeated Cesarean section or even earlier. I am of the impression that in the Catholic hospitals, we find a greater number of repeated Cesarean sections and certainly, a much lower percentage of sterilizations. In one of the Catholic hospitals which I visit, out of seventy-six Cesarean sections, there was only one fourth repeated section and one sixth repeated section.

I wish now to report my findings on eight patients who had had five and six repeated sections. I observed these eight mothers personally during the ante-partum period; I operated on them myself and followed them for months after the operation. This group of eight mothers had forty-one Cesarean sections, twenty-two of which I performed myself. There were no maternal deaths and the illnesses were few and of a minor nature. Through these forty-one Cesarean sections, forty-three live babies were delivered, there being two pairs of twins. There was one neo-natal death.

I was fortunate enough recently to meet seven of the eight mothers.

I examined them in my office and found them to be all in excellent health. There was no visceral ptosis, no ventral herniae and no weakened scars were found. Pelvic examination showed the uterus in all cases to be well involuted and in normal position.

The necessary records are not available to describe accurately the technique employed in the forty-one operations. The obstetrician who performs the fourth and fifth repeated Cesarean section must keep in mind, first, the correct timing for the operation; secondly, a reduction of the length of time required for the operation; and thirdly, preventive treatment against shock, hemorrhage and infection. Personally, I prefer to perform the section at least two weeks before the expected date of delivery and sometimes earlier if the size of the baby warrants this. The duration of the operation should not exceed thirty minutes. Preventive treatment will include the choice of the anaesthetic and proper provision and preparation for emergencies. If I have an expert anaesthetist, I prefer cyclo-propane. Intravenous saline glucose 5% is administered at the time of operation and is continued until 1,000 cc. has been given. Plasma and citrated blood are at hand.

In conclusion, I would say, first, that in view of present day results which are possible to obtain in a modernly equipped hospital and with an efficient staff, the risks and hazards of a fifth or a sixth section are not much greater than those of the first or second. Secondly, I am of the opinion that the routine operative sterilization of mothers after the second and third Cesarean section is not justified.

I fully realize that I may be accused of basing my conclusions on a mere handful of patients but this number of patients, I believe, shows what can be done. Besides, this much is clear to me, that if the direct sterilization of women is ethically and professionally unjustifiable, little comfort can be derived by the advocate of sterilization from the alleged hazards or risks attendant upon repeated Cesarean sections.

Despite all of this, I am not oblivious of the responsibilities of the surgeon in performing a Cesarean section. In the hospital in which I am practicing, a Cesarean operation is never permitted unless a consultation has been held with the director of the department or a ranking obstetrician. In the consultation are involved not merely the approval or disapproval of the Cesarean section but also advice concerning the type of operation to be performed. Whoever operates must be an accredited obstetric surgeon. If precautions such as these could be enforced in all of our hospitals, there would be a great decrease in maternal mortality as well as a decided reduction in the number of Cesarean sections which are performed. There would also result education for both the profession and the public and when the comparative safety of repeated Cesarean sections is appreciated, the routine sterilization of mothers after the second or third Cesarean section will surely be abandoned.

ETHICS OF ECTOPIC OPERATIONS

THE appearance of the second printing of the second edition of "Ethics of Ectopic Operations" by Father Timothy Lincoln Bouscaren, S. J., affords a welcome opportunity, first of all, for answering numerous questions concerning the present status of a problem which is still controverted, and secondly, it affords an opportunity of reprinting the endorsement, with whatever value such a statement might have, of Father Bouscaren's book as originally published in HOSPITAL PROGRESS, January 1934.

It is interesting to note that while Father Bouscaren's original publication in 1933 bore the *Imprimatur* of His Eminence, the Cardinal Archbishop of Chicago, the *Nihil Obstat* of the Reverend John B. Furay, S. J., and the permission to publish of the Very Reverend Charles H. Cloud, S. J., Provincial of the Chicago Province of the Society of Jesus, the new edition is published under the authoritative sponsorship of a new group. The *Imprimatur* of the second edition is given by His Excellency, the Most Reverend Joseph E. Ritter, the Bishop of Indianapolis, on November 29, 1943. (Note that this is fully ten years after the appearance of the first edition.) The *Nihil Obstat* was signed by the Right Reverend Monsignor Henry F. Dugan, Chancellor of the Archdiocese of Indianapolis, and the permission to publish is given by the Provincial of the Chicago Province of the Society of Jesus, the Very Reverend Leo. D. Sullivan, S. J. All of this is pointed out here to show that Father Bouscaren's publication has undoubtedly been given the fullest study and re-study by competent critics and that the publication has merited the confidence of ecclesiastical authorities.

Father Bouscaren in the Foreword defines in unmistakable terms and with commendable definiteness, first, the status of the question which he discusses and secondly, the answer which he gives to the question, this answer taking the form of the thesis which the whole book is intended to explain and vindicate.

The question is defined as follows:

> "The principal question which this book attempts to answer is, whether the surgical operation by which an unruptured pregnant fallopian tube is removed, and which results in the death of the unborn, non-viable child, is to be considered morally as a *direct* abortion, and hence never under any necessity to be permitted, or as an *indirect* abortion, and hence permissible in cases of urgent necessity to save the life of the mother. Several practical accessory questions arise in connection with the principal one."

The answer which Father Bouscaren gives is the following: "The removal of a pregnant fallopian tube containing a non-viable living fetus, even before the external rupture of the tube, can be done in such a way that the consequent death of the fetus will be produced only indirectly. Such an operation may be licitly performed if all the circumstances are such that the necessity for the operation is, in moral estimation, proportionate to the evil effect permitted. But in all such operations, if the fetus be probably alive, care must be taken to baptize the fetus immediately, at least conditionally."

We are re-producing herewith, the original review as published in HOSPITAL PROGRESS, January 1934.

"Father Bouscaren divides this particular subject into four parts, dealing respectively with the history, the doctrine, the facts, and the argument concerning the moral liceity of ectopic operations. In his first part, he brings up to date the practice of former days concerning craneotomy and direct abortion, touching emphatically in the course of his discussion upon the decress of the Holy Office and of the Catholic Church on the matter of the direct killing of a fetus. He, furthermore, discusses the changes in the procedures for Cesarean section. He analyzes in detail the position concerning the removing of an ectopic fetus of such prominent authors as Lehmkuhl, Aertny, Sabetti, and Eschbach, and explains decrees of the Holy Office of 1889, 1898, and 1902.

"In opening his subsection in which he summarizes the, 'opinions of modern theologians,' he says, 'there is no unanimity of opinion among theologians as to the question where a pregnant tube may be removed to save the mother's life before the tube has actually ruptured' (page 30). *The direct removal of an immature fetus* is forbidden by the decrees of the Holy Office (May 4, 1898, and May 5, 1902) but, so Father Bouscaren points out, 'several theologians may be cited *for* the proposition that the removal is indirect when that which is removed in order to save the mother's life is not the fetus directly but the diseased organ of the mother in which the fetus is contained.' On the other hand, Antonelli, Noldin-Schmitt, and Sabetti-Barret cling to the severer opinion denying the licitness of the operation under any pressure of necessity. These differences of opinion are traceable according to Father Bouscaren, 'to vagueness of some of their expressions,' and, 'a want of accuracy in describing the physiology of the subject.'

"In his second part, the author discusses the fundamental principles upon which any solution of the problem must be based and then shows the inadequacy of the arguments heretofore reduced for defending the liceity of ectopic operations. It would manifestly lead us too far in the course of a brief review to go into details.

"Part three, which deals with physiological facts of ectopic gestation is excellently presented and summarizes the permanent facts on the basis of acceptable authorities. Finally in his fourth part, Father Bouscaren comes definitely to grips with his subject. To remove all possible doubt as to his meaning, he presents a carefully considered statement of his thesis at the beginning of Chapter VI." (There is here omitted from the original review, a statement which we have printed above as Father Bouscaren's thesis.)

"The author is aware of the fact that, the principle contention of this thesis contradicts the extreme views of those moralists who hold that, '*until the tube is actually ruptured*, the removal of tube inclosing a living and nonviable fetus is always and necessarily illicit.' He then adduces arguments for the following steps in the development of his thesis: (1) when the pregnant tube is removed the death of the fetus is produced only indirectly; (2) this indirect removal is licit when there is a proportionately grave cause for the operation; (3) this proportionately grave cause, namely, the threatened death of the mother, must be differently estimated: (a) when the mother can be kept under close observation; (b) when the mother cannot be kept under observation; and (c) when the ectopic is discovered in the course of some other operation; (d) when a fetus has gone four or five months without rupture of the tube. Finally, Father Bouscaren devotes a section of his chapter to the question of the baptism of the fetus.

"The summary of conclusions follows closely the outline which we have here given. In several of his concluding paragraphs, the author reiterates the thought that, 'if the *present* excision of the tubes *offers a notably greater probability of saving the mother's life, it may be done.*'

"Obviously from the nature of the case, it would be impossible to lay down a definite date in the pregnancy history after which certain procedures may be deemed licit or illicit. On the other hand, the principles are defined so clearly and the conditions under which the physician may proceed with his operation are so adequate in their formulation that the reader is not left in doubt regarding Father Bouscaren's position.

"It may be said that Father Bouscaren has done a great service to moral theology and to the Catholic hospital for thus clearly stating a problem which is constantly vexing those who are working in the field of obstetrics. If physicians, nurses, attendants, or medical social workers lend even greater service to many an expectant mother and her family, this splendid thesis will be regarded as a classic in every Catholic hospital in the land. We strongly urge that our hospital authorities have the book readily available for consultation and

that they see to it that a copy of it may be in the hands of every member of their obstetrical staff. To be sure, the book should be found in the nurses' library. We may well regard this volume as one of the most influential influences today molding opinion and views on the matter with which it deals as probably no other contribution in our language and in this country has thus far done. The Catholic hospitals are grateful to Father Bouscaren and they will, no doubt, manifest their gratitude by an extensive use of this important and valuable contribution to the literature of a most difficult field."

Reproduced too is an editorial comment on the review quoted above which appeared in the same issue of HOSPITAL PROGRESS, the significant passages of which were the following:

"Father Bouscaren shows that there is no new principle involved in the solution of this question. He shows, furthermore, by his whole line of argument that while the direct killing of a fetus can never be permissible, the indirect killing may at times be tolerated, and that therefore an operation for the removal of an ectopic fetus may be permissible. Father Bouscaren, moreover, clearly defines the conditions under which such an operation may be performed. We are pleased that the final solution has been greatly advanced through Father Bouscaren's contribution and that a helpful guide for conduct has been supplied to the many for whom the operative removal of an ectopic fetus has been a vexing moral problem of the most serious magnitude."

—A. M. S., S. J.